L120000 18647

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ALLAHASSEE FINANCE

COVER LETTER

TO:	Registration Section Division of Corporations		-						
SUBJE	ABC INVESTMENT PROPERTIES LLC								
.,00,,1	Name of Limited Liability Company								
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered Offi	ce Change	and fee(s) are submitted for filing.						
Please	return all correspondence concerning thi	s matter to	the following:						
LIND	A QUACH								
	Name of Person								
QUAL	ITY FAMILY TRUST								
	Firm/Company								
10401	POST OFFICE BLVD. # 62205	51							
	Address								
FLOR	RIDA, FL 32862								
	City/State and Zip Code								
QUAL	.ITYFAMILYTRUST@GMAIL.COM	М							
1Ē	-mail address: (to be used for future ann	ual report i	notification)						
For fur	ther information concerning this matter,	please call	:						
LINDA	A QUACH	407	340-8397						
	Name of Person	*** \	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
	Enclosed is a check for the following	amount:							
	☑ \$25 Filing Fee		1 \$55 Filing Fee & Certified Copy						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: ABC IN	VESTME	NT PROPE	ERTIES	LLC		
2. (a)	10401 POST OFFICE BLVD. #62205	1	(b) 10410	POST	OFFICE	BLVD.	#622051
(Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny:	(0)	-	ddress of limi MAY BE PO		
	ORLANDO, FL 32862	_ _ _	ORLAN	IDO, F	L 32862		
	02/08/2012		L120000)18647			
 3. 5. (a) 	Date of filing/registration in Florida LINDA QUACH	4.		Docum	ent numbe	ľ	
, ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta 137 SURA BLVD.				ואָרָר	e de la companya de l	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				JUH -		
	ORLANDO,	FL_328	09	_	FILED UN-4 22 9: 11 CLIANS DE LIAIE AHASSEE FLORID		
(b)	QUALITY FAMILY TRUST						
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				7.		
	10401 POST OFFICE BLVD. #6220)51					
	NEW Registered Office Address:						
	ORLANDO	_{FL} 328	62	_			
the chagent was/w the art	limited liability company is not organized under tange or changes are made, the Florida street addrwill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the members of organization or the operating agreement of a member as registered agent as	ress of the rited liability abers of the limit	registered office y company, it limited liability color liability liability color liability liabilit	ee and the is hereby ity company. Printed pacity 1	e business of confirmed any or as of or typed name further and	office of I that the therwise A C () c of signee to con	the registered change(s) provided in
provis the ob to mer notific	ions of all statutes relative to the proper and con ligations of my position as registered agent as prely reflect a change in the registered office address in writing of this change.	mpleie perfi ovided for ess, I herek	rmance of my in Chapter 6b by confirm tha	eduties, a 5, F.S. (t the limi	nd I am fa Or, if this d ted liability	miliar wi ocument v compan	ih and accept is heing filed y has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00